



MISSISSIPPI REAL ESTATE COMMISSION

4780 I-55 North
LeFleur's Bluff Tower, Suite 300
Jackson, MS 39211
OR
PO Box 12685
Jackson, MS 39236-2685
Phone (601) 321-6970 ~ Fax (601) 321-6955
www.mrec.ms.gov

CERTIFICATION OF LICENSURE REQUEST FORM

(Application must be typed or printed)

APPLICATION FEE: \$25.00

(PLEASE ALLOW THREE (3) TO FIVE (5) BUSINESS DAYS FOR PROCESSING)

Licensee: _____
(Name) (License #)

Contact Number: _____

Many states require that the Certification of Licensure be addressed to or prepared specifically for that state. Please indicate how the Certification should be addressed:

____ TO WHOM IT MAY CONCERN

____ STATE: _____ REAL ESTATE COMMISSION

____ LICENSEE NAME (AS LISTED ABOVE)

____ OTHER: _____

CERTIFICATION OF LICENSURE SHOULD BE MAILED TO:

(Name)

(Street Address)

(Post Office Box)

(City) (State) (Zip Code)

Licencee's Signature: _____
(Name) (Date)